|  | pplication or Docket Number                           |   |                       |   |                  |                     |                        |      |                     |                        |  |
|--|---|---|-----------------------|---|------------------|---------------------|------------------------|------|---------------------|------------------------|--|
|  | PATENT APPLICATION FEE DETERMINATION RECORD 09/844288 |   |                       |   |                  |                     |                        |      |                     |                        |  |
| . 0  | original  | CLAIMS AS                                 | SMALLE                | <br>ITITY                                   |                  | OTHER               | ТНАИ                   |      |                     |                        |  |
| 10   | 18.04   |   | (Column 1) (Column 2) |   |                  | TYPE [              |                        | OR   | SMALL               |                        |  |
| то   | TAL CLAIMS  |   | ,                     |   |                  | RATE                | FEE                    | i    | RATE                | FEE                    |  |
| FO   | R   | · ·                                       | NUMBER F              | ILED NUMB                                   | ER EXTRA         | BASIC FEE           | 385.00                 | OR   | BASIC FEE           | 7 <b>9</b> .0.00       |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 33 min                | us <b>33</b> = *                            | 4                | X\$ 9=              |                        | OR.  | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 =           |   |                  | X4 <b>4</b> =       | ) - ·                  | OR   | X8 <b>8</b> =       |                        |  |
| MU   | MULTIPLE DEPENDENT CLAIM PRESENT                      |   |                       |   |                  |                     |                        |      |                     | +-                     |  |
| R.C.E.   |   |   |                       |   |                  |                     |                        | OR   | +280=               | 790.                   |  |
|  |   | TOTAL                                     |                       | OR  | TOTAL            |                     |                        |      |                     |                        |  |
| CLAIMS AS AMENDED - PART II  10-18-04 (Column 1) (Column 2) (Column 3) |   |   |                       |   |                  | SMALL               | ENTITY                 | OR   | OTHÉR<br>SMALL I    |                        |  |
| AMENDMENT  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | * 33                                      | Minus                 | ** 33                                       | = Ø              | X\$ <b>q</b> =      |                        | OR   | X\$18=              | \                      |  |
| AME  | Independent   | * 3                                       | Minus                 | *** 3                                       | = 0              | ×44=                |                        | OR   | X <b>88</b> =       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEFENDENT CLAIM  ANDS  |   |                       |   |                  |                     | Ň                      | OR   | + =.                | - X                    |  |
|  |   |   |                       |   |                  |                     | / \                    | OR   | TOTAL<br>ADDIT, FEE |                        |  |
|  |   | (Column 1)                                |                       | (Column 2)                                  | (Column 3)       | ADDIT. FEE          | .,,                    | 4    | ADDIT TEE           |                        |  |
| AMENDMENT  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                 | ##  | =                | X\$ =               |                        | oR   | X\$ =               |                        |  |
|  | Independent   | *   | Minus                 | ***   | =                | . X =               |                        | OR   | X =                 | i i                    |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM        |   |                       |   |                  | + =                 |                        | OR   | + =                 |                        |  |
|  |   |   |                       | ·   |                  | TOTAL               | ,                      | OR   | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                                       |   |   |                       |   |                  |                     |                        |      |                     |                        |  |
| FN   |   | CLAIMS REMAINING AFTER AMENDMENT          |                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| DME  | Total   | *   | Minus                 | **  | = ' !            | X\$ =               | LEE                    | O.D. | X\$ =               |                        |  |
| AMENDMENT  | Independent   | *   | Minus                 | ***   | =                | X =                 |                        | OR   | X =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM        |   |                       |   |                  |                     |                        | OR   |                     | -                      |  |
|  |   | ·   |                       |   |                  | + =                 |                        | OR   | + =                 |                        |  |
|  |   |   |                       |   |                  | TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FÉE |                        |  |
|  |   |   |                       |   |                  |                     |                        |      |                     |                        |  |